SN69E2250TOA

PTO/SB/17 (11-01)

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f		Application Number Filing Date			per 09/75	/757,202			JUN 2	11/-		
ı					Janu	ary 9, 2001		- 1	~ OL	AET		
Patent fees are subject to annual revision.				First Named Inventor			ntor Robe	ert J. Miller			JUN 2	2002
Applicant cla	27	Examiner Name			1623				11 6	, 7007		
				Group Art Unit			Ever	ett White		TECL	CENTER	4 000 /00
TOTAL AMO	0.00	.00 Attorney Docket No.			No. GC-1	10.6.CON		ILUIT	CENTER	1600/29		
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The Commissioner is authorized to: (check all that apply)			147	2,520	147	2,520	For filing a req	uest for ex pa	rte reexamin	ation		
Charge fee(s) indicated below Credit any overpayments			112	920*	112	920*	Requesting pu	ublication of SI	R prior to Ex	aminer		
Charge any additional fee(s) during the pendency of this application				1,840*	113	1,840*	Requesting pu	ublication of SI	R after Exam	niner		
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1. BASIC FILING FEE			118		218		Extension for	• •				
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101 740 201 106 330 206	370 Utility filing fee 165 Design filing fee		120	320	220	160	Filing a brief in	n support of an	appeal			
	255 Plant filing fee		121	280	221	140	Request for or	ral hearing				
108 740 208	-		138	1,510	138	1,510	Petition to inst	titute a public u	use proceedi	ing		
114 160 214	· ·	ee	140	110	240	55	Petition to revi	ive - unavoidal	ble			
'	SUBTOTAL (1)		141	1,280	241	640	Petition to revi	ive - unintentio	nal			
2. EXTRA CLAIM FEES FOR UTILITY AND				1,280	242		Utility issue fe					
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Total Claims	Extra Claims t	pelow Fee Paid = 0.00	144		244		Plant issue fee				<u> </u>	
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103 18 203	9 Claims in excess		146	740	246	370	Filing a submi (37 CFR § 1.		al rejection			
102 84 202	' / ·			740	249	370	For each addit	each additional invention to be examined				
	Multiple dependent claim, if not paid ** Reissue independent claims				279	370	(37 CFR § 1. Request for C	CFR § 1.129(b)) uest for Continued Examination (RCE)				
109 84 209	** Reissue independent claims over original patent		179 169	900	169		Request for ex		•	_,		
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**or number previously paid, if greater; For Reissues, see above				duced t	y Basic	Filing	Fee Paid	SUBTOT	AL (3)		\$180.00	
SUBMITTED BY						Complete (ii	applicable)					
		S. Blundell		Registra (Attorne)	ation No	0.	43,321	Telephone	(6	17) 591-5	698	
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